## FORM D

**UNITED STATES** 

SEC Mail SECURITIES AND EXCHANGE COMMISSION Mail Processing Section

Washington, D.C. 20549

FORM D

JAN 0 2 2008 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6) AND/OR** 

FORM LIMITED OFFERING EXEMPTION Washington

OMB APPROVAL			
OMB NUMBER:	3235-0076		
Expires:	April 30, 2008		
Estimated average	burden		
hours per response	16.00		

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THOMSON

FINANCIAL

Name of Offering (☐ check if this is an Series A Convertible Preferred Stock	imendment and name has changed, and indicate change.	
Filing Under (Check box(es) that apply):  Type of Filing:   New Filing	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ S	Section 4(6) ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	issuer	
Name of Issuer ( Check if this is an ame Enservio, Inc.	ndment and name has changed, and indicate change.)	
Address of Executive Offices 16 Tech Circle, Natick, MA, 01760	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 508-665-0951
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Provides contents property valuation service	s for the insurance industry.	
Type of Business Organization		
	☐ limited partnership, already formed ☐ 0	ther (please spc
□ business trust	☐ limited partnership, to be formed	08020113
Actual or Estimated Date of Incorporation o	Month   Yea	ur □ □ □ Estimated

### GENERAL INSTRUCTIONS

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) 1 of 8

		A. BASIC IDENTIFICA	TION DATA		
2. Enter the information requested					
		as been organized within the vote or direct		10% or more of	a class of equity
securities of the issuer;					
		orate issuers and of corpor	rate general and managing	partners of part	nership issuers; and
Each general and managi	ng panner or pan	nersmp issuers.			
Check Box(es) that Apply:	☐ Pron oter	☐ Beneficial Owner	☐ Executive Officer	Director     ■	☐ General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)				
Chase, Robert					
Business or Residence Address	(Numbe	er and Street, City, State, Z	ip Code)		
c/o Enservio, Inc., 16 Tech Circle	, Natick, MA. 01	760			
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	Director     ■	☐ General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)	·			•
Fini, James					
Business or Residence Address	(Numbe	er and Street, City, State, Z	(ip Code)		
c/o Enservio, Inc., 16 Tech Circle	. Natick. MA. 01	760			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indiv	vidual)	<del></del>			
Krupka, Michael					
Business or Residence Address	(Numbe	er and Street, City, State, 2	(ip Code)		
c/o Enservio, Inc., 16 Tech Circle	, Natick, MA, 01	760			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)	·	· · · · · · · · · · · · · · · · · · ·		
McNeill, Jon					
Business or Residence Address	(Numbe	er and Street, City, State, Z	Zip Code)		
	•	•	1		
c/o Enservio, Inc., 16 Tech Circle			- r	= D:	= C11
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi-	vidual)				
Bain Capital Venture Fund 2005	, L.P.				
Business or Residence Address	·	er and Street, City, State, Z	Zip Code)		
elo Doin Conital II C 111 Heet	ington Asa Dog	MA 02100			
c/o Bain Capital, LLC, 111 Hunt Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
•••		g beneficial owner			Managing Partner
Full Name (Last name first, if indi-	vidual)				
BCIP Associates III, L.C.					
Business or Residence Address	(Numbe	er and Street, City, State, 2	ip Code)		<del></del>
c/o Bain Capital, LLC, 111 Hunt	ington Ave Bos	ton. MA 02199			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if indiv	vidual)		:		Managing Partner
Business or Residence Address	Numbe	er and Street, City, State, Z	Zip Code)		
	\ a.m.		-1		

	<del></del>			B. INF	ORMATIC	N ABOU'I	OFFERI	NG				
												No
1. Has the issuer sold, or does the issuer intend to sell, to non accredited investors in this offering?						*******	- C	8				
			Ans	wer also in	Appendix,	Column 2,	if filing und	ter ULOE.				
2. What is th	e minimum	investment	that will b	e accepted	from any in	dividual?					s <u>*</u>	
*Subject to the discretion of the Issuer.												
												No -
3. Does the o	offering peri	mit joint ov	nership of	a single un	it?.,,			*** ***** **** ****		•••••		<b>-</b>
<ol> <li>Enter the i remuneration agent of a bro persons to be</li> <li>Full Name (L</li> </ol>	for solicita ker or deal- listed are a	tion of purc er registered ssociated p	thasers in co I with the S ersons of su	onnection v SEC and/or	vith sales of with a state	securities i	n the offeri st the name	ng, It a per of the brok	son to be li er or deale:	sted is an a r. If more	ssociated than five (	person or
N/A												
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)						
					-							
Name of Asse	ociated Bro	ker or Deal	ег —									
States in Whi	ch Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers			•	_		
,	All States"			´						N/A		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[III]
[IL]	[IN]	[IA]	[KS]	[KY]	[I.A]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	(TX)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L.	ast name fi	rst, if indivi	dual)									
Business or R	lesidence A	.ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asso	ociated Bro	ker or Deal	er				···					•
States in Whi	ch Person I	icted Hac	olicited ar	Intends to	Salicit Bure	hacare						
	All States"										All States	;
[AL]	[AK]	(AZ)	[AR]	[CA]	(CO)	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	ĮΙΑͿ	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I.	ast name fr	rst, if indivi	dual)									
Business or R	lesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	ode)						
Name of Asso	ociated Bro	ker or Deal	er				"					
States in Whi	ch Person I. All States"					hasers					All States	
(Check ".	All States [AK]	or cneck in: [AZ]	aividuai sit [AR]	(CA]	[CO]	[CT]	[DE]	[DC]	[FL]	🚨 [GA]	All States [HI]	; [ID]
[IL]	[IN]	[[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of sect rities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange		
	and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	
	Debt	\$	<b>s</b>
	Equity	<b>s</b>	\$
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	\$ <u>6,300,100</u>	\$ <u>3,050,<b>003</b></u>
	Partnership Interests	s	\$
	Other (Specify)	s	<b>s</b>
	Total	\$ <u>6,300,100</u>	\$ <u>3,050,003</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amoun of Purchases
	Accredited Investors	_5	\$ 3,050,002
	Non-accredited Investors		\$
	T. A. (Co. Character La D. L. Fills and A.		s
	Total (for filings under Rule 50% only)		<u> </u>
_			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	N/A	
	Type of offering	Type of	Dollar Amoun
	Rule 505	Security	Sold \$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		o s
	Printing and Engraving Costs		c \$
	Legal Fees		s 20,000
	Accounting Fees		□ š
	Engineering Fees		s
	Sales Commissions (specify finders' fixes separately)		o s
	Other Expenses (identify)		s
	Total		<b>5</b> \$ 20,000

I and total expenses furnished in r "adjusted gross proceeds to the iss	ggn:gate offering price given in response to Part C - Question esponse to Part C - Question 4.a. This difference is the uer."			\$_	6,280,100
used for each of the purposes shown, estimate and check the box to the left	If the amount for any purpose is not known, furnish an of the estimate. The total of the payments listed must equal uer set forth in response to Part C - Question 4.b above.				
ino anjustea group proceeds to the last	and an initial mapping of a contract of the co		Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	0	\$
Purchase of real estate			\$		\$
Purchase, rental or leasing and in	stallation of machinery and equipment		\$		\$
•	buildings and facilities		\$		\$
Acquisition of other businesses ( offering that may be used in excl	including the value of securities involved in this hange for the assets or securities of another	г	5	_	\$
*			\$ \$		
• •			\$ \$		\$\$\$\$\$
			\$		\$ <u>0,280,100</u>
		_	•	_	•
			\$ \$		
Total Payments Listed (Column	tota's added)		⊠ \$_	6,28	<u>0,100</u>
	D. FEDERAL SIGNATURE	~ <b>.</b>	<del></del>		
following signature constitutes an un	be signed by the undersigned duly authorized person. If this not dertaking by the issuer to furnish to the U.S. Securities and Excha by the issuer to any non-accredited investor pursuant to paragraph	inge C	ommission, up	on w	5, the vritten request
	Signature		Date		
suer (Print or Type)			_	u	2007
			December <u>2</u>	<u>_</u> , 2	
suer (Print or Type)  anservio, Inc.  arme of Signer (Print or Type)	Title of Signer (Print or Type)		December <u>Z</u>		



Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

--- ATTENTION ----